2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State

07-11-2005 90042 029 ****50 00

1. Entity Nam	ne .	# L020000 SES, LIMITED	J29643 LIABILITY COMPANY					U	/-11-2003	5 90042	029 *****30	J.00
Principal Place of Business 550 PORT-0-CALL WAY NAPLES, FL 34102			Mailing Address 4710 7TH AVE. N.W. NAPLES, FL 34119	4710 7TH AVE. N.W.			20062072					
2. Principal Place of Business			3. Mailing Address	3. Mailing Address 3400 TAMIAMI TRAIL N.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0706200	5 C	hg-LLC	CR2I	E083 (10/03)	•	
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Zip		Country	34103	Count	S A		5. Certifica	ate of St	atus Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Cu	rrrent Registered Agent		<u> </u>		7. Name a	nd Add	ress of New	Registere	d Agent	
RODRIGU	EZ, REMÉ	<u> </u>			Name		AWA		VRge	1 6		
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					City -	<u>n</u>					Zip Cod	e_
]			les			F	<u> 3412</u>	<u> </u>
8. The above the obligat	named entititions of regist	y submits this staten tered/agent.	nent for the purpose of changing its	s registere	ed office or	registeřec	l agent, or	both, in	•			and accept
SIGNATURE .	Signature, typed	or printed name of registere	ic agent any little if applicable. (NO	TE: Registered	f Agent signat	ure required wh	nan minetation		<u> </u>	-6-	05	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #